Case 2:15-bk-56223 Doc 41 Filed 11/30/16 Entered 11/30/16 16:56:03 Desc Main Document Page 1 of 5

Fill in this information	to identify your case:	
Debtor 1	David Michael Knott	
Debtor 2 (Spouse, if filing)	Erica Roseanne Knott	
United States Bankrup	otcy Court for the: SOUTHERN DISTRICT OF OHIO	
	15-bk-56223	Check if this is:
(If known)		An amended filing
		□ A supplement showing postpetition chapter
Official Form	1061	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed	■ Employed□ Not employed
employers.	Occupation	Self-Employed	Paralegal
Include part-time, seasonal, or self-employed work.	Employer's name		Robert Half Legal
Occupation may include student or homemaker, if it applies.	Employer's address		A Division of Robert Half International Inc. 2884 Sand Hill Road Menlo Park, CA 94025
	How long employed the	here?	3 months

Give Details About Monthly income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

For Debtor 1 For Debtor 2 or non-filing spouse

2. \$ 0.00 \$ 3,275.00

3. +\$ 0.00 +\$ 0.00

4. \$ 0.00 \$ 3,275.00

Official Form 106I Schedule I: Your Income page 1

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	tor 1 tor 2	David Michael Knott Erica Roseanne Knott		С	ase number (<i>if kn</i> e	own)	2:15-bk-50	6223	
			-						
					For Debtor 1		For Debto		
	_						non-filing		
	Cop	by line 4 here	4.		\$0	.00	\$	3,275.00	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0	.00	\$	818.75	
	5b.	Mandatory contributions for retirement plans	5b.		. —	.00	\$	0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0	.00	\$	0.00	-
	5d.	Required repayments of retirement fund loans	5d.		\$ 0	.00	\$	0.00	_
	5e.	Insurance	5e.		\$ 0	.00	\$	0.00	_
	5f.	Domestic support obligations	5f.			.00	\$	0.00	_
	5g.	Union dues	5g.			.00	\$	0.00	_
	5h.	Other deductions. Specify:	5h	+	\$ 0	.00	+ \$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	5	\$ 0	.00	\$	818.75	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	\$0	.00	\$	2,456.25	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.		\$ 1,036	.85	\$	0.00	
	8b.	Interest and dividends	8b.		. — — — — —	.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce			•		Φ.		-
	0.1	settlement, and property settlement.	8c.			.00	\$	0.00	_
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.			.00	\$ \$	0.00 549.00	_
	8f.	Other government assistance that you regularly receive	oe.		Φ	.00	Ψ	349.00	_
	01.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$ 0	.00	\$	0.00	
	8g.	Pension or retirement income	 8g.		\$ 0	.00	\$	0.00	-
	8h.	Other monthly income. Specify:	8h	+	\$ 0	.00	+ \$	0.00	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,036	.85	\$	549.00	0
10	Cald	culate monthly income. Add line 7 + line 9.	10. \$		1,036.85	. s	3,005.25	5 = \$	4,042.10
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	_	1,030.03	· • -	3,003.20	′	7,072.10
11.	Stat Inclu	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your price friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a second contribution.	deper		.,		ed in <i>Schedu</i>	ıle J. . +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainlies							4,042.10
								Combin monthl	ned y income
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?					viiuii	,
		Yes. Explain: Joint Debtor is now working full time.							

	in this information to identi	fy your casa:					
					Chan	de if this is:	
Deb	David Mi	chael Knott				k if this is: An amended filing	
Deb	tor 2 Erica Ro	seanne Kno	ott				wing postpetition chapter
(Spc	buse, if filing)					13 expenses as of	the following date:
Unite	ed States Bankruptcy Court fo	r the: SOUT	HERN DISTRICT OF OHIO		_	MM / DD / YYYY	
Case	e number 2:15-bk-562	23					
(If kr	nown)						
Of	ficial Form 106	.1					
	chedule J: You		nses				12/1
Be a	as complete and accurat	e as possible s needed, att	e. If two married people ar ach another sheet to this				
Part		ousehold					
1.	Is this a joint case? ☐ No. Go to line 2.						
	Yes. Does Debtor 2	ive in a sena	rate household?				
	■ No	ive iii a sepa	rate mousemora.				
		must file Offic	cial Form 106J-2, <i>Expense</i> s	for Separate House	hold of Debt	tor 2.	
2				rior Coparato riodoc			
2.	Do you have dependen		===				
	Do not list Debtor 1 and Debtor 2.	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.			Daughter		12	Yes
				Daughtar		47	□ No
				Daughter			■ Yes □ No
							☐ Yes
							□ No
							☐ Yes
3.	Do your expenses incluexpenses of people of yourself and your depe	er than	■ No] Yes				
	Estimate Your Or						
exp			ruptcy filing date unless y cy is filed. If this is a supp				
the			government assistance in schedule l: Y			Your exp	enses
4.	The rental or home own payments and any rent for		nses for your residence. I or lot.	nclude first mortgage	e 4. \$		1,150.00
	If not included in line 4	:					
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeow				4b. \$		14.00
	4c. Home maintenand				4c. \$		0.00
	4d. Homeowner's ass	ociation or coi	naominium dues		4d. \$		0.00

0.00

5. Additional mortgage payments for your residence, such as home equity loans

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btor 2	Frica Roseanne Knott	Case num	ber (if known)	2:15-bk-56223
Utilities	s:			
6a. E	Electricity, heat, natural gas	6a.	\$	290.00
6b. V	Vater, sewer, garbage collection	6b.	\$	50.00
6c. T	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	165.00
6d. C	Other. Specify:	6d.	\$	0.00
Food a	nd housekeeping supplies	7.	\$	950.00
Childe	are and children's education costs	8.	\$	0.00
Clothir	ng, laundry, and dry cleaning	9.	\$	200.00
Person	al care products and services	10.	\$	90.00
Medica	al and dental expenses	11.	\$	60.00
-	ortation. Include gas, maintenance, bus or train fare. include car payments.	12.	\$	350.00
	ninment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
	able contributions and religious donations	14.	·	0.00
Insurar	<u> </u>			0.00
	include insurance deducted from your pay or included in lines 4 or 20.			
	ife insurance	15a.	\$	0.00
15b. F	Health insurance	15b.	\$	150.00
15c. \	/ehicle insurance	15c.	\$	150.00
15d. (Other insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify		16.	\$	0.00
Installr	ment or lease payments:			 -
17a. (Car payments for Vehicle 1	17a.	\$	278.49
17b. C	Car payments for Vehicle 2	17b.	\$	0.00
17c. (Other. Specify:	17c.	\$	0.00
17d. (Other. Specify:	17d.	\$	0.00
	ayments of alimony, maintenance, and support that you did not report ed from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I		\$	0.00
	payments you make to support others who do not live with you.	·/-	\$	0.00
Specify	• • • • • • • • • • • • • • • • • • • •	19.		
Other r	real property expenses not included in lines 4 or 5 of this form or on Sc	hedule I: Yo	our Income.	
	Mortgages on other property	20a.		0.00
20b. F	Real estate taxes	20b.	\$	0.00
20c. F	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. N	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. F	Homeowner's association or condominium dues	20e.	\$	0.00
Other:	Specify:	21.	+\$	0.00
•			. 🗘	0.00
	ate your monthly expenses			
	dd lines 4 through 21.		\$	3,947.49
22b. Co	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$	
22c. Ac	ld line 22a and 22b. The result is your monthly expenses.		\$	3,947.49
	411 41			
	ate your monthly net income.	00-	•	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.		4,042.10
23b. C	Copy your monthly expenses from line 22c above.	23b.	-\$	3,947.49
20- 1	Nikturat valus manthly avange - frame valus and the land			
	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	94.61
I	TIE TESUIC IS YOU! MONUNY MECHICOME.	200.	Γ.	
For exar modifica	expect an increase or decrease in your expenses within the year after mple, do you expect to finish paying for your car loan within the year or do you expect y tion to the terms of your mortgage?			ease or decrease because of
■ No.				

Fill in this information to identify your case:						
Debtor 1	David Michael Kno	Middle Name	Last Name			
Debtor 2	Erica Roseanne K	nott				
(Spouse if, filing) First Name		Middle Name	Last Name			
United States Bankruptcy Court for the:		SOUTHERN DISTRIC	T OF OHIO			
Case number (if known) 2:15-bk-56223						

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Di	d you pay or agree to pay someone who is NOT an a	ttorney to help	you fill out bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read the st they are true and correct. /s/ David Michael Knott David Michael Knott	·	/s/ Erica Roseanne Knott
	Signature of Debtor 1 Date November 30, 2016		Signature of Debtor 2
			Date November 30, 2016